

Cutaneous metastases from salivary duct carcinoma of the parotid gland — the first dermoscopic report

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ABSTRACT

Salivary duct carcinoma is a rare and highly aggressive malignant tumour that frequently metastasizes, however, its cutaneous metastases are extraordinarily rare. To the best of our knowledge, there are only 7 cases reported in the literature, but none of them concerned dermoscopic presentation. We present clinical, dermoscopic and histopathological features of cutaneous metastases from salivary duct carcinoma of the parotid gland in a 60-year-old patient.

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A 60-year-old man presented with a painless, rapidly enlarging (4-week history), firm, cutaneous tumour on the right side of the neck (Fig. 1A). Two years before, he had been treated due to salivary duct carcinoma of the right parotid gland (pT3N2MX). Dermoscopy of the tumour showed polymorphic blood vessels, white-yellowish clods, and ulceration over red-pinkish background (Fig. 1B). Pre-

liminary diagnosis of cutaneous metastases with bacterial superinfection was made. Bacterial culture revealed the presence of *Staphylococcus aureus*. Histopathological examination of the skin biopsy specimen confirmed the presence of metastatic, partly epidermotropic adenocarcinoma, consistent with the structure of formerly resected salivary carcinoma (Fig. 2).

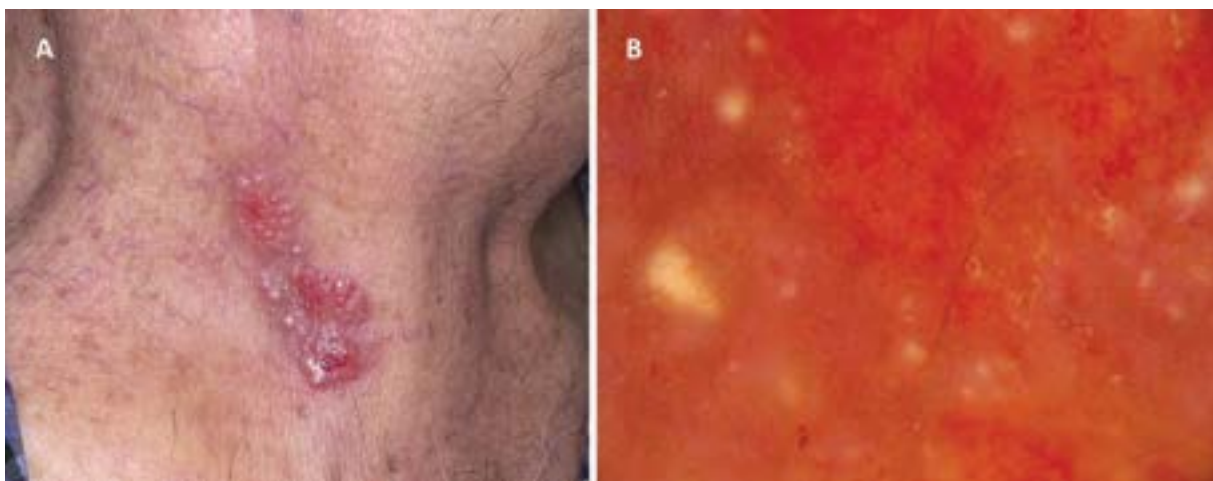


Figure 1. A. Clinical presentation — a conglomerate of pink nodules with ulceration and white pustules; **B.** Dermoscopy shows the presence of polymorphic vessels over red background corresponding with chaotic angiogenesis as well as white-yellowish clods corresponding to the pustules associated with bacterial superinfection (non-polarized dermoscopy, FotoFinder, $\times 20$)

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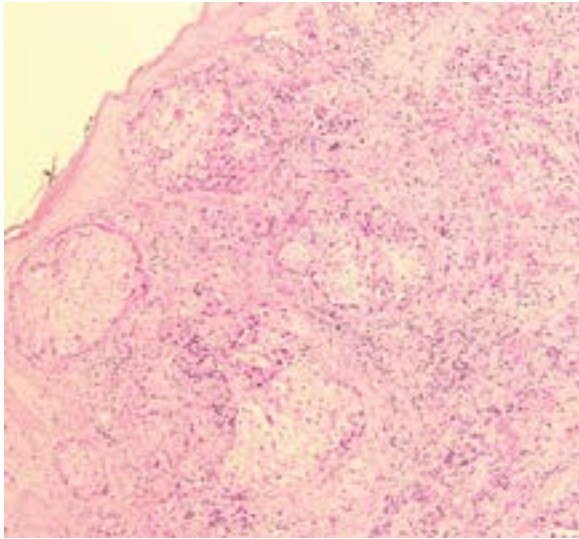


Figure 2. Histopathological presentation. Cutaneous metastasis of salivary duct carcinoma. Solid-cribriform tumour island with significant nuclear pleomorphism, the cytoplasm exhibits an apocrine quality. In areas, the tumour cells infiltrate the fibrous stroma in the form of irregular islands, resembling ordinary infiltrative ductal carcinoma of the breast (H&E, 10×)

Cutaneous metastases from extracutaneous primary occur in 0.6 to 10% of oncological patients. Lung cancer in men and breast cancer in women are the most common sites of origin [1]. Salivary duct carcinoma is a rare and highly

aggressive malignant tumour that frequently metastasizes, however, its cutaneous metastases are extraordinarily rare. To the best of our knowledge, there are only 7 cases reported in the literature, but none of them showed a dermoscopic presentation [2]. In our patient, metastases clinically presented as a cutaneous tumour. Other authors described subcutaneous nodules, erythematous, telangiectatic or haemorrhagic patch or plaques, angiokeratoma-like or purpuric papules, as well as pseudo-vesicles [2, 3]. Dermoscopic features of cutaneous metastases from salivary duct carcinoma seems to be nonspecific, however, the presence of polymorphic blood vessels is an acknowledged sign of malignancy.

Cutaneous metastases should be considered in every case of a non-specific, fast-growing skin lesion in patients with a previous cancer history. Polymorphic blood vessels observed in dermoscopy are a nonspecific sign of malignancy. Biopsy should be performed in any case of a pink tumour with an unclear origin, according to the rule „if it’s pink, stop and think“.

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